



NW ASSOCIATION
FOR
BLIND
ATHLETES

Paralympic Experience Billings, MT
April 13th, 2013
Athlete Registration Form

Participant Name _____

Address (City, State, Zip) _____

Phone _____

Date of Birth _____ Sex ☐ Male ☐ Female

Height _____ Weight _____ T-shirt Size _____

Number of family members attending event: _____
(We will be providing lunch for all participants and families)

Parents/Teachers:

Would you be willing to be a captain of a tandem bicycle during the clinic? ☐ Yes ☐ No

Emergency Contact #1:

Name _____

Relationship _____ Phone _____

Emergency Contact #2:

Name _____

Relationship _____ Phone _____

Athlete Registration Deadline:

April 9th, 2013

A signed athlete membership application must accompany this form for participation in the event.

Please send completed registration form to:

Northwest Association for Blind Athletes

PO Box 65265

Vancouver, WA 98665